S.N. 09941692

PATENT APPLICATION	FEE	DETERMINATION	RECORD
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Effective October 1, 2000

Application or Docket Number

2001-1227

OI AUTO ACCUSE DE LA COMPANION							1,		ı	/_		
		S FILED - PART I		(Column 2)			SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS		3/					RATE	FEE	1	RATE	FEE	
FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS 7/ minu			nus 20=	•	11		X\$ 9=		OR	X\$18=	198	
INDEPENDENT CLAIMS 4 minus 3 =			inus 3 =	*			X40=	<u> </u>	OR	X80=	50	
MULTIPLE DEPENDENT CLAIM PRESENT						İ	+135=	-	1		0	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		
CLAIMS AS AMENDED - PART II								IOIAL	L	OR	TOTAL	THAN
		(Column 1)		(Colur	nn 2)	(Column 3)	<u>.</u>	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 30	Minus	- 3		=		X\$ 9=		OR	X\$18=	
₹	Independent FIRST PRESE	NTATION OF MI	Minus	PENDENT	CI AIM	=		X40=	•	OR	X80=	86.00
—				CHECKI	CEARIN		•	+135≃		OR	+270=	
							-	TOTAL DDIT, FEE	·	OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colun		(Column 3)					10011.1 22	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON:	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	NTATION OF MU	Minus	***	C/ All A	=		X40=		OR	X80=	·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A STATE OF MICE	CHI CE DEI	ENDENT	CLAIN		¹	+135=		OR	+270=	
							<u>-</u>	TOTAL DDIT. FEE		OR .	TOTAL	
— ,		(Column 1)		(Colum	ın 2)	(Column 3)	_	5511.122	-	•	ADDIT. FEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE '	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ÎN.	Total	•	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=	·
AME	Independent	NITATION OF AS	Minus	***		=		X40=		ı	X80=	
	HINDI PHESE	NTATION OF ML	ILLIPLE DEF	'ENDENT	CLAIM		 			OR		····-
• 1	the entry in colur	nn 1 is less than th	e entry in colu	mn 2, write '	"0" in col	umn 3,	L	+135=		OR	+270=	
***	f the "Highest Nur f the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THI: id For" IN THI:	S SPACE is S SPACE is	less that	n 20, enter "20."	AL	TOTAL DIT. FEE			TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												